

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/18/04</u>		2 Serial/Patent # <u>10/601,268</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		12/10/03	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 130								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>2</td><td>--</td><td>0</td><td>6</td><td>0</td><td>0</td></tr></table>		1	2	--	0	6	0	0
1	2	--	0	6	0	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Postcard proves allegedly omitted drug figs were here on day 1. Refund pt fee.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Shirene Willis</u>			TITLE: <u>Pat Atty</u>								
SIGNATURE: <u>Shirene Willis</u>			PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>2/20/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: